

GENERAL COUNSELING FORM

For use of this form, see AR 635-200; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, 10 USC 3012(G). PRINCIPAL PURPOSE: To record counseling data pertaining to service members.
ROUTINE USES: Prerequisite counseling under paragraphs 5-8, 5-13, chapters 11, 13 or section III, chapter 14, AR 635-200. May also be used to document failures of rehabilitation efforts in administrative discharge proceedings.
DISCLOSURE: Disclosure is voluntary, but failure to provide the information may result in recording of a negative counseling session indicative of the subordinate's lack of a desire to solve his or her problems.

PART I - BASIC DATA

1. NAME (<i>last, first, MI</i>) LAST NAME, FIRST NAME MI	2. SOCIAL SECURITY NO. 000-00-0000	3. GRADE RANK (SFC)	4. SEX M/F
5. UNIT UNIT ADDRESS	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING 0 - 8	7. TRAINING SCORES HIGH <u>AVG</u> MED <u>AVG</u> LOW <u>AVG</u>	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES

Date

Initial Counseling

Fraternization	Classroom Procedures
Team Building	Course Dismissal
Awards System	Graduation Criteria
Hot/Cold Injury Prevention	Drug/Alcohol Abuse
Physical Security	Physical Training
Ammunition/Weapons	Security
Off-Limits Areas	Break Procedures
Dining Facility Procedures	Phase System
Energy Conservation	Duty Rosters/Duties
Bed-Check	Details
Sick-call Procedures	Army Values
POV Parking	
Honor Code	
Testing/Grading Procedures	
Reporting Procedures	
Formations	

9. DATE AND SUMMARY OF COUNSELING

Date

Explained the above topics and standards required of you during the course. The goals for Phase I are: To successfully complete all academic requirements, pay attention to detail during daily inspections and training, improve your physical fitness, work towards setting goals, develop and maintain good professional conduct, pass Phase I test and embed Army core values into your life. (Add any additional comments resulting from the counseling session or specific to the school).

DISPOSITION INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement.

PART III - AUTHENTICATION	
10. NAME, GRADE, SIGNATURE OF COUNSELOR LAST NAME, FIRST NAME MI RANK (SFC) SIGNATURE	DATE DAY, MONTH, YEAR
11. I acknowledge having been counseled by the above individual and understand the reason for this counseling session. I concur/nonconcur that the information above accurately reflects this counseling session. I nonconcur for the following reasons: CIRCLE CONCUR/NON-CONCUR AND INITIAL	
12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED LAST NAME, FIRST NAME MI RANK (SFC) SIGNATURE	DATE DAY, MONTH, YEAR
13. IF COUNSELED INDIVIDUAL REFUSES TO SIGN COUNSELING NOTES, COUNSELOR WILL INITIAL THIS BLOCK.	
PART IV - REHABILITATION	
14. REHABILITATION RESULTS/COMMENTS	
15. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED	DATE
16. NAME, GRADE, SIGNATURE OF COUNSELOR	DATE
PART V - UNIT COMMANDER INTERVIEW	
17. INTERVIEW RESULTS AND RECOMMENDATION	
18. NAME, GRADE, SIGNATURE OF UNIT COMMANDER	DATE